

**APRIL 29, 2008**  
**ADULT THERAPEUTIC FOSTER HOMES WORKGROUP**  
**MEETING SUMMARY**

The workgroup reviewed the minutes from the previous workgroup meeting.

**R9-20-1510(3)**

A workgroup member asked that the requirements regarding progress notes be amended for consistency with contract requirements. The current draft requires a progress note to be written once a week and RBHA contracts require a daily progress note. The workgroup agreed that the rule should be changed to require a daily progress note for consistency with the RBHA contracts.

Other than the above question, the workgroup approved the meeting summary for the last meeting.

The workgroup reviewed rules R9-20-1511 through R9-20-15-1517.

**R9-20-1511(B)(2) - Training requirements for Assistance in the Self-Administration of Medication**

A workgroup member asked if these requirements are initial requirements or if the rule described ongoing requirements. The member described that, generally, licensees are trained by a pharmacist or registered nurse in the first year and in subsequent years, their training is refreshed by a RBHA or network trainer who has been trained by a pharmacist or registered nurse. Johnnie replied that OBHL's preference is that licensee should be trained annually in Assistance with the Self-Administration of Medication. Johnnie also explained that OBHL prefers that the training be conducted by a licensed professional.

R9-20-1508 will be revised to clarify that this training is required to be completed annually.

**R9-20-1511(B)(9) & (C)(10) - Documentation of client's medication regime review**

A workgroup member asked what documentation is acceptable for the review of a client's medication regime. The workgroup member indicated that they had taken a client to see the client's primary care provider and that primary care provider had reviewed the client's medication tracking form. The workgroup member indicated that this practice had not been acceptable to OBHL. Johnnie explained that the documentation of the review must indicate that the review was completed and who completed the review, including that individual's license number.

These subsections will be clarified to indicate more clearly the requirements for the review of the client's medication regime and the documentation of that review. Additionally, subsection (C)(10) will be amended to indicate that the client's medication regime should be reviewed every 12 months from *the client's date of admission*.

**R9-20-1511(C)(1) - Client medication information**

A workgroup member asked if the pharmacy info sheet would be sufficient documentation to indicate that information received from a pharmacist about a client's medication has been passed on to the client. Another workgroup member asked if this information needs to be provided to the client at every refill of the client's medication.

This subsection will be revised to indicate the type of documentation required. The rule will also indicate that the information needs to be provided to the client when a client begins to receive a medication and when the information has changed.

#### **R9-20-1511(C)(6)(b)(viii) - Record of assistance of self-administration of medication off-premise**

Several members of the workgroup asked if this rule applies when the client leaves the therapeutic home on a visit with family. A workgroup member explained that the family is generally provided with the medications and medication information and that the family generally signs a form that the client received the medications. However, the licensee has no way of ensuring that the client received their medication while the client was with the client's family.

This rule only applies when the client is off-premises and under the control of the licensee, such as on a field trip or outing.

#### **R9-20-1511(C)(8)**

A workgroup member asked what action should be taken if a medication is not labeled as a schedule II or schedule III drug. Other workgroup members replied that the medications are generally labeled or identified as such in drug reference books. If a situation such as this arises, the licensee should undertake their best efforts to identify the drug so that they may comply with the requirements for these medications.

#### **R9-20-1512(C)(3)(b) - Treatment plan upon client's return to the home after a transfer**

A workgroup member requested that the rule be amended to make clear that when the client is returned to the home, they should receive a new treatment plan. The client's return to the home should be treated as a new admission.

The rule will be amended to clarify the treatment plan requirements when a client returns to the home after a transfer.

#### **R9-20-1513(A)(2)(a) - TB testing requirements for relief persons**

The current draft requires a relief person to present proof of a tuberculosis screening test or written statement of freedom from tuberculosis dated within six months of the first time the relief person provides services to the licensee's client. A workgroup member pointed out that this requirement would mean that another licensee with current evidence of freedom from tuberculosis may not have valid evidence of freedom from tuberculosis to act as a relief person.

This subsection will be amended so that a licensee with valid evidence of freedom from tuberculosis may act as a relief person.

#### **R9-20-1513(A)(1)(c) - Relief person at least 21 years old**

The workgroup had several questions about this requirement. Several members of the workgroup asked why the standard was twenty one years old and explained that some licensees may use college students as back-up providers. Johnnie explained that OBHL is concerned about an eighteen year old's maturity and ability to be responsible for clients in a behavioral health adult therapeutic home. A workgroup member asked if this requirement was in the current rule. The current rules do not outline an age requirement for a relief person. Although, generally, staff members in behavioral health service agencies are required to be 21. See R9-20-204(A)(1). Johnnie explained that the rules do allow some persons working in agencies to

be younger than 21. However, in these instances, these persons are closely supervised. Several workgroup members stated that this change will be burden on any licensees who are currently using individuals under the age of 21 for their relief person.

The Department feels that it is important to clarify the requirements for a relief person. Additionally, for a consistent standard of care, it is important that the relief person meet the same requirements as the licensee, including the age requirement.

#### **R9-20-1513 and R9-20-1507(A)(6) - Responsibility for care**

The workgroup also discussed the categories of individuals providing relief to the licensee. R9-20-1507(A)(6) outlines the requirements for an individual who lives in the home and provides services to clients. Johnnie indicated that OBHL's expectation is that a licensee implements a system for communication between the licensee and a household member who assumes the licensee's duties or a relief person. The licensee should also indicate in some way who is responsible for the client at a given time. A workgroup member expressed concern that this would threaten the family atmosphere within the home. Johnnie reiterated that the licensee needs to be aware of the location of clients and know who is responsible for those clients. Johnnie asked if the workgroup members had any ideas as to how to revise the rules. A workgroup member replied that she had implemented a sign-out sheet in her home that she felt worked well.

The draft will be revised to indicate that the licensee should implement a policy and procedure for coordinating care with a household member or a relief person.

#### **R9-20-1513(C) - Client receiving relief services from another facility**

A workgroup member asked that this rule to be clarified to limit the facilities that may be used for relief to other therapeutic homes or a similar institution.

The rule will be amended to indicate that a client may be placed in another adult therapeutic home for relief or may be placed in another establishment approved by the treatment team.

#### **R9-20-1514(B)(15) - Client Records**

A workgroup member expressed concern about the requirement that the licensee maintain copies of client prescriptions. The workgroup member stated that the prescription is generally retained by the pharmacy and asked if the medication bottles or the medication information sheet would meet this requirement.

The draft will be updated to reflect that a copy of the prescription label or a copy of the medication information sheet should be retained by the licensee in the client record.

Additionally, a workgroup member requested that the draft be clarified to account for sample medications. Those medications should also come with a medication information sheet and the client should be prescribed a sample medication.

The draft will be updated to account for sample medications.

#### **R9-20-1515 - Time Out**

The workgroup reviewed this draft rule. Workgroup members indicated that they had never used time outs in their facilities.

**R9-20-1516 - Out-of-Control Behavior**

The workgroup reviewed this draft rule. The rule will be clarified to clearly outline the prohibition on personal restraint.

**R9-20-1517 Client Funds**

The workgroup reviewed this draft rule.